

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson	STATE MS	ZIP 39215
EMAIL Mike.Lucius@msdh.state.ms.us	SUBMIT DATE 3/5/12	Name or number of rule(s): Title 15:Mississippi Department of Health Part 2-Epidemiology Subpart 11 Office of Communicable Diseases Part 2 Chapter 1 MSDH Rules & Regulations Governing Reportable Diseases & Conditions		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Submission of the Title 15 Part 2 Epidemiology corrected version of formatted rules per the Administrative Procedures Act of the US Code Ann 25-43-1.101; Due to error this was not filed with original compilation. The hearing process was previously done.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-17; §41-23-1; §41-91-7

List all rules repealed, amended, or suspended by the proposed rule: Appendix A & B only

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) X _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> X _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer, Chief Administrative Officer

Signature of person authorized to file rules: Mike Lucius by REAF.

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.